

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|-------------------------|---------------------------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>mk</i> | <i>21</i> <i>569</i> | <i>4/2/01</i> <i>4/19/01</i> |
| RESPONSE FORMALITY REVIEW | <i>pa</i> | <i>W30</i> | <i>0-22</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

C.C.
 04-17-01
 1-571
 08/02/02